

L16000 199371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

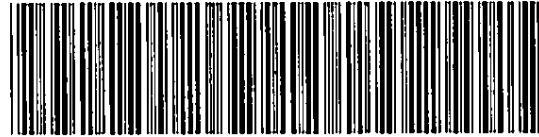
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY 29 AM 11:21

10:00 AM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCPVENTURES MIAMI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIANA LEITE, ESQ.

Name of Person

LEITELAW

Firm/Company

800BRICKELL AVE, PH TWO

Address

MIAMI-FL, 33131

City/State and Zip Code

JULIANA@JULIANALEITE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA LEITE

305 929-8543

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JCPVENTURES MIAMI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2016 and assigned
Florida document number L16000199371.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

800 BRICKELL AVE, PH TWO

MIAMI-FL, 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 BRICKELL AVE, PH TWO

MIAMI-FL, 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LEITELAW

New Registered Office Address:

800 BRICKELL AVE, PH TWO

Enter Florida street address

MIAMI

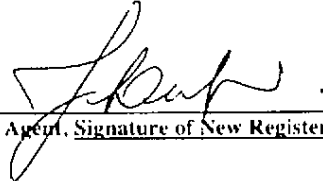
City

Florida 33131

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAULO RENATO SANTOS	15901 Collins Ave #4102	<input checked="" type="checkbox"/> Add
		Miami-FL, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SXM 108LLC	950 Brickell Bay Dr #2911	<input type="checkbox"/> Add
		Miami-FL, 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO CESAR RAMOS	150 SUNNY ISLES BLVD UPH3	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) of the Rules of the Commission, if a filing is made on or after the filing deadline, this date will not be listed as the effective date.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 23 2018

Signature of a member or authorized representative of a member

Julio Cesar Ramos
Typed or printed name of signee

State of Florida County of Miami Dade
The foregoing instrument was acknowledged before
me this 23 day of May, 2018,
by Julio Cesar Ramos,
who is personally known to me or who has produced
Florida Driver License
as identification.

Jonathan Muñoz, Notary Public

NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG010424

